MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S) 09947852		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	\						51						
2		\					52						
3	\						53						
4		\					54						
5	\						55						
6		\					56						
7	\						57						
8		\					58						
9	\						59						
10		\					60						
11	\						61						
12		\					62						
13	\						63						
14	\						64						
15	\						65						
16	\						66						
17	\						67						
18	\						68						
19	\						69						
20		\					70						
21	\						71						
22		\					72						
23		\					73						
24		\					74						
25		\					75						
26		\					76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	13						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS